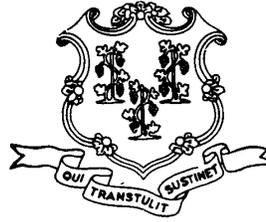


STATE OF CONNECTICUT  
**DEPARTMENT OF CONSUMER PROTECTION**  
 DRUG CONTROL DIVISION  
 Email: drug.control@ct.gov  
 WebSite: [www.ct.gov/dcp](http://www.ct.gov/dcp)



For Official Use Only

## Pharmacy Intern Application

**INSTRUCTIONS:**

All spaces must be completed - please print or type. This application **must be accompanied by a check or money order in the amount of \$60.00**, made payable to: "Treasurer, State of Connecticut." **Application fees are non-refundable.**

→ Return your completed application and fee to:

**Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106**

The Commission of Pharmacy must be informed of the place of internship and the name of the preceptor (supervising registered pharmacist) within **five (5) days** of the beginning and termination of any internship experience. The identification number and card shall become void and shall be returned to the Commission of Pharmacy if the applicant does not complete the requirements for graduation from or terminates his enrollment at, an accredited and approved school or college of pharmacy.

First Name		Middle Initial	Last Name	
Residence Street Address		City	State	Zip Code
Telephone Number (with area code)	Social Security Number		Email Address	
Name of Pharmacy School		School Address		
Employed As Intern By: (Name of Pharmacy)		Pharmacy Address		
Name of Preceptor (Print)		Signature of Preceptor		CT License Number

*To be completed by school or college of pharmacy.  
 For Graduates of an Accredited College of Pharmacy Only*

This is to certify that \_\_\_\_\_ has completed two (2) years of college and is enrolled in the professional program at \_\_\_\_\_.

Name of College of Pharmacy

Expected Date of Graduation: \_\_\_\_\_

Certified By: \_\_\_\_\_  
Print Name of Dean/Registrar
Signature Dean/Registrar

I solemnly swear that the information contained herein is true and correct to the best of my knowledge, and I am aware that my pharmacy intern registration may be suspended or revoked if I violate any pharmacy laws, rules or regulations, or any provision of the Connecticut Commission of Pharmacy Code of Ethics, and hereby affix my signature as acknowledgment and agreement of such terms.

School Seal:

\_\_\_\_\_  
 Signature of Intern

\_\_\_\_\_  
 Date

